

**** MUST RETURN SIGNED ****

PRINT STUDENT NAME _____

Skier/Snowboarder Responsibility Agreement and Parental/Guardian Permission Form

Trip Sponsor: McCaskey Campus Ski & Board Club

To: Blue Mountain Ski Area

Departure Date: 12:30 PM February 11th, 2015

Return Date: 10:30 PM February 11th, 2015

STUDENT AGREEMENT:

While participating in this ski trip, I accept full responsibility for maintaining good conduct and I will follow the directions of the chaperone/trip leaders, the rules of the resort and any state laws. I will agree to the curfews imposed and that no alcoholic beverages, tobacco products, and/or illegal drugs or narcotics are permitted. **I understand that if I am found in possession of/or under the influence of alcohol or drugs, fines and/or arrest may result, the police will be called, my parents/guardians will be notified, and they will make arrangements for my immediate transportation home at their expense.** I pledge that my behavior will not cause problems and I hope to enjoy this trip with the McCaskey Campus Ski and Board Club.

Student's Signature: _____ Date: _____

PARENT/GUARDIAN PERMISSION:

I give permission for my child to attend the 2014-15 McCaskey Campus Ski & Board Club ski trip to Blue Mountain Ski Area knowing that he/she and I accept responsibility for his/her actions at all times. I understand and agree that the trip leader, chaperones, trip organizer and the ski resorts do not assume any responsibility or liability from any injury my child may sustain. I am aware that the legal age for consuming alcohol is 21. My child is a minor and is not legally entitled to consume alcoholic beverages. I have discussed this matter with my child and it has been agreed that absolutely no alcohol or chemical substances will be consumed or used. **I also understand that if my child is caught with or under the influence of any alcoholic beverage, illegal drug, and/or tobacco product, the local police will be called, fines and an arrest may occur, and I will make arrangements for the immediate transportation home of my son or daughter at my expense.** As parent/guardian of my minor child, I agree to be responsible for any and all damages, costs, and fees carelessly, recklessly, or intentionally caused by my child. In case of medical emergency, I hereby authorize a hospital or qualified physician to provide medical treatment deemed necessary for the well-being of my child. I have read this responsibility statement and have discussed it with my child. I am knowingly executing this agreement and I do permit my child to attend this ski trip.

Parent's/Guardian's Signature _____ Date: _____

Home phone #: _____ Emergency Phone #: _____

Medical Insurance Co: _____

ID/Policy Number: _____

*This document will be kept in the possession of the trip sponsor/chaperone unless requested by medical personnel, police, or hotel authorities.

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Financial Responsibility Agreement: Blue Mountain Ski Area February 11th, 2015

To: Parents/Guardians of McCaskey Campus Ski & Board Club Members

From: McCaskey Campus Ski & Board Club Advisors

This is to verify that the parents/guardians of the student listed below will take full financial responsibility for any accident or incident that may occur on the afternoon skiing/boarding trip to Blue Mountain Ski Area on February 11th, 2015.

It is also the understanding of the parents/guardians that you will not hold the *School District of Lancaster*, or any of its employees, liable or financially responsible for any potential injuries as a result of this activity.

I understand that skiing and/or snowboarding can be very dangerous. I understand that my child must wear a helmet while they are skiing and/or boarding at Blue Mountain Ski Area. Also, if any accident or injury does occur, parents/guardians agree to travel to the site to take all responsibility for their child henceforth.

Parent's/Guardian's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

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PRINT STUDENT NAME _____

School Rules and Regulations: Blue Mountain Ski Area – February 11th, 2015

To: Parents/Guardians of/and McCaskey Ski & Board Club Members
From: McCaskey Campus Ski & Board Club Advisors

Dear Ski Club Member:

As we make our plans for our local trip to Blue Mountain Ski Area in Palmerton, PA, we need you to sign this form indicating your agreement with our rules and regulations. Our main goal is to go **skiing/boarding** and have a **fun** and **safe** time. But also, we need to keep in mind that this is a school trip and **ALL** school rules and regulations will be in effect during the **entire** trip.

The following are reminders of some of the rules and regulations that you will need to follow and will be expected to follow during the local trip to Blue Mountain Ski Area:

1. **I will follow ALL** school rules, regulations and policies. I understand all SDoL disciplinary actions will apply.
2. I will report to one of the advisors at the assigned times and places.
3. I will ski with a “buddy” (another McCaskey Campus Ski and Board Club member **ALL** of the time
4. I will carry my Ski ID card with me at all times (for emergency purposes).
5. I will be respectful with my language during the ski trip.
6. I will not use or carry any illegal drugs, tobacco products, or alcoholic beverages.
7. I understand that there will be a bag/coat check, by the advisors, at JPM before boarding the bus.
8. I will report any/all medicine that I need to take with me to one of the advisors.
9. While at Blue Mountain Ski Area I will not leave the premises **for any reason**.
10. **I understand that if I have poor discipline at school, prior to the trip, the advisors and/or the administration has the right to keep me from going on this trip. No money will be refunded for any reason (unless the trip is cancelled).**

I understand that if I do
not adhere to these rules,
I will lose my lift ticket.

Parent's/Guardian's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

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McCaskey High School -- Lancaster, Pennsylvania

Blue Mountain – Skier/Snowboarder Emergency Information Form

**** This form will be contained in an Emergency Medical Information Folder which will be handed in to the ski resort's Emergency Medical Facility upon our arrival at the ski resort.**

**** Please print all information legibly:**

Name _____

Address _____

Home Phone # (717) _____ Date of Birth _____

Parent/Guardian Name _____

Parents'/Guardians' Cell Phone # (for emergencies only) _____

Emergency Contact Name and Phone # _____

Family Medical Doctor's Name _____

Phone # _____

Allergies/ Medical Conditions _____

Medications _____

Health Insurance Co. _____

Policy and Plan # _____

Hospital Preference: ___ Lancaster General ___ Lancaster Regional MC

Parent/Guardian Authorization:

If I/we cannot be reached, I/we hereby consent for a qualified physician or surgeon to examine, diagnose, and prescribe or perform treatment, including surgery, which is deemed advisable for the welfare of the above named participant.

Parent/Guardian Signature _____